								Application of Doctors						
PATENT APPLICATION FEE DETERMINATION RECOR								Application or Docket Number						
	Effective October 1, 2004								09/89/353					
CLAIMS AS FILED - PART I								SKALL		·	отн	ERTHAN		
TOTAL CLAIMS			· (Colun	(Column 1) (Co			3.	TYPE		· C		LEKTITY		
	TOTAL COMM		_			Į	RATE	FE	E	RATE	FEE			
Ľ	FOR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 395	.00 0	R BASIC F	EE 790.00		
TOTAL CHARGEABLE CLAIMS				minus 20=				X\$25			R X501			
tr.	OEPENDENT		ninus 3 =				X IO)=	1	$\dashv$	Vani	<del> </del>			
N.	IULTIPLE DEF	PRESENT	RESENT				-	┪—	°	A	+			
1.	If the different	Sa in column 1 i	c loss than				1	+150=		0	A +300=			
				ess than zero, enter "0" in column 2				TOTAL	ــــا -	0	R TOTAL			
_	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						L	OTHER THAN SMALL ENTITY						
<	I I I I	CLAIMS REMAINING		HIGH		PRESENT			ADE			ADDI-		
E	1//0/	AFTER AMENDMENT		PREVIO		USLY EXTRA		RATE	TION		RATE	TIONAL		
AMENDMENT A	Total	- 18 -	Minus	-3	0	=		X25'=		Jos	X\$50=			
Į	Independent	1. 3	Minus	E DEPENDENT C		=/		X140:	/	OF	Xan	1		
Ŀ	Timarrica	ENIATION OF N	IOCTIPUE DE	PENDENT	CLAIM		1	+150=	7		1300=			
·					•		L	TOTAL		- OF	'L	<del> </del>		
	(Column 1)							COIT, FEE	<b>I</b>	JOF	ADDIT, FE	<u> </u>		
	16-1	(Column 1)	7	(Colum		(Column 3)	ı	<del></del>	1 400			1		
AMENOMENT 8	6/16/2	REMAINING AFTER	ł	RUME: PREVIO		PHESSINT BOTRA		RATE,	DODA MOIT		RATE	ADDI- TIONAL		
	- 700	AMENOMENT	<del> </del>	PAIDF			-	-	FEE	1		FEE		
	Total Independent	1.18	Minus	- 30	<u>)</u>	= -		X.75 =		OR				
A		NTATION OF M	Minus	an (	~	[2]		X \$00=		OR	X200-			
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+150=		OR	+300=			
					-		Al	TOTAL DOTT, FEE		OR	TOTAL ADDIT. FEE			
	(Column 1) (Column 2) (Column 3)													
U		CLAIMS REMAINING		HIGHE		POCCENT	Γ		ADDI-	7		ADDI-		
딾	•	AFTER - AMENDMENT	<u>                                     </u>	PREVIOU PAID FO	ISLY	PREȘENT EXTRA		RATE	TIONA FEE		RATE	TIONAL		
AMENDMENT	Total	•	Minus	84		e		X25=		OR	XS50=			
	Independent	• :	Minus	\$14.0°	·	=	F	X[0] = .		7	X200:			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.la.		OR	\mathcal{A}(1)			

\* If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.

\*\*ADOIL FEE OR ADOIL FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "0".

\*\*The "Highest Number Previously Paid For" (Notal or Independent) is the highest area" or found in the appropriate box in optima. I.